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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 055033

2013 JUL 29 PM 12:10

Mail tax bills to/Grantee/Owner's Address:
Dennis M. Kras
7028 Osborne Avenue
Hammond, IN 46323

MICHAEL B. BROWN
RECORDER

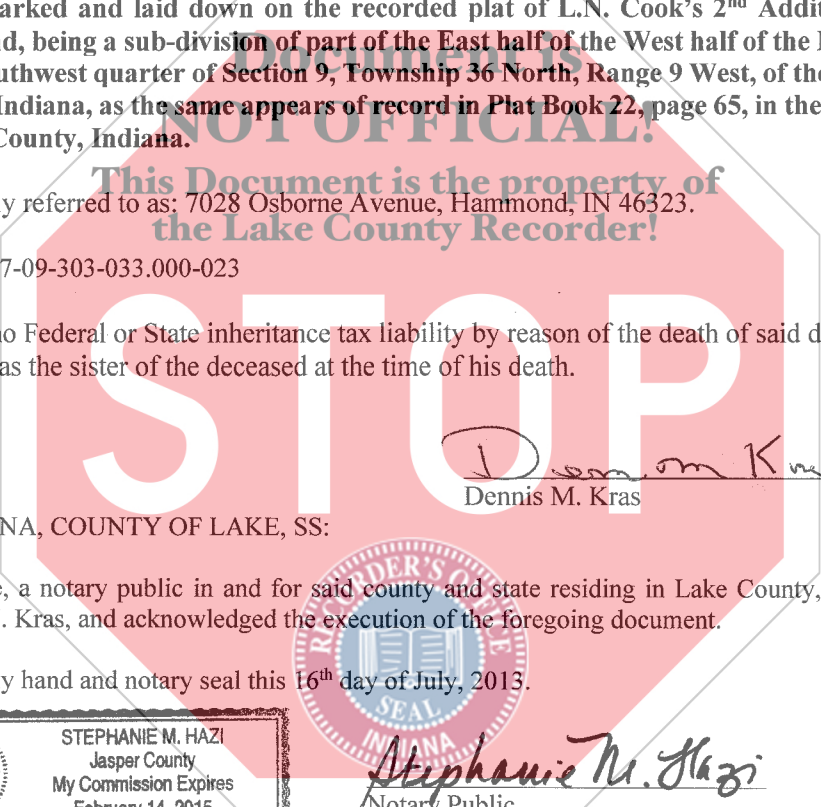
SURVIVORSHIP AFFIDAVIT

On the 16th day of July, 2013 before me personally appeared Ernestine Johnson to me personally known who being duly sworn on her oath did say that:

1. Affiant resides at 7028 Osborne Avenue, Hammond, IN 46323.
2. Affiant is the owner of the real estate commonly referred to as 7028 Osborne Avenue, Hammond, IN 46323.
3. Said premises were formerly owned as Husband and Wife by Dennis M. Kras and Karen A. Kras under a Warranty Deed dated September 23, 1981 and recorded with the Lake County Recorder on September 28, 1981.
4. Said Karen A. Kras died on December 31, 2007 leaving no will.
5. The legal description of the premises in question is:

The North 43 feet of the South 86 feet and the South 2 feet of the North 42.87 feet of Lot No. Seven (7), as marked and laid down on the recorded plat of L.N. Cook's 2nd Addition to the City of Hammond, being a sub-division of part of the East half of the West half of the Northwest quarter of the Southwest quarter of Section 9, Township 36 North, Range 9 West, of the 2nd P.M., in Lake County, Indiana, as the same appears of record in Plat Book 22, page 65, in the Recorder's Office of Lake County, Indiana.

6. Commonly referred to as: 7028 Osborne Avenue, Hammond, IN 46323.
PIN: 45-07-09-303-033.000-023
7. There is no Federal or State inheritance tax liability by reason of the death of said decedent.
8. Affiant was the sister of the deceased at the time of his death.

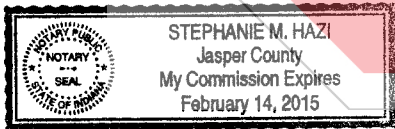


Dennis M. Kras
Dennis M. Kras

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a notary public in and for said county and state residing in Lake County, Indiana, personally appeared Dennis M. Kras, and acknowledged the execution of the foregoing document.

Witness my hand and notary seal this 16th day of July, 2013.



Stephanie M. Hazi
Notary Public

FILED
JUL 29 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

I AFFIRM UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW.

Lynda H. LeBlanc

B
As
CS

THIS INSTRUMENT WAS PREPARED BY Lynda H. LeBlanc, LAWYER, Law Office of Lynda H. LeBlanc, 625 N. Main Street, Crown Point, IN 46307 (219) 661-0807

14004

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 3172-07

CERTIFICATE OF DEATH

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED-NAME (First, Middle, Last) Karen Ann Kras				2. SEX Female		3a. TIME OF DEATH 11:35 AM		3b. DATE OF DEATH (Month, Day, Yr.) December 31, 2007	
4. SOCIAL SECURITY NUMBER 308-50-7626		5a. AGE-Last Birthday (Years) 52	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) July 10, 1955		7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana		
8a. WAS DECEASED A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			<input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy South Campus				9c. CITY, TOWN, OR LOCATION OF DEATH Dyer, IN			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Dennis Kras		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker			12b. KIND OF BUSINESS/INDUSTRY Own Home		
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hammond			13d. STREET AND NUMBER 7028 Osborne Avenue		
13a. ZIP CODE 46323	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. AS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE-American Indian, Black, White, etc. (Specify) White		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	
18. FATHER'S NAME (First, Middle, Last) Mike Winarski					19. MOTHER'S NAME (First, Middle, Maiden Surname) Kathleen Pridavok				
20a. INFORMANT'S NAME (Type/Print) Dennis Kras				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7028 Osborne Avenue, Hammond, IN 46323				20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 5, 2008 St. John/St. Joseph Catholic Cemetery			21c. LOCATION-City or Town, State Hammond, IN			
22a. EMBALMER'S NAME David R. Peterson			22b. EMBALMER'S LICENSE NO. FD08601585			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David R. Peterson</i>			24b. LICENSE NUMBER (of Licensee) FD08601585			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Intracranial bleeding a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.						27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a. CERTIFIER (check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.									
29b. SIGNATURE AND TITLE OF CERTIFIER <i>W.A. [Signature]</i>						29c. MEDICAL LICENSE NO. 01058603A		29d. DATE SIGNED (Month, Day, Year) 1/3/08	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Nassim ATASS, 7460 Columbia Ave Hammond IN 46324									
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. [Signature]</i>							32. DATE FILED (Month, Day, Year) January 4, 2008		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED			
34a. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)					34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						